

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Charter Bus Certificate for
Coastal Motor Coach LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2022 - 123 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas M. Miller

Telephone: 8436977400

Address: 3826 West Montague Ave

Fax:

North Charleston

Other:

SC 29418

Email: Matt@coastal.limo

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petitioner |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

RECEIVED
MAR 23 2022
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING - 2022 March 24 10:58 AM - SCFSC - 2022-123-T - Page 1 of 12

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 3/19/2022

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Coastal Motor Coach LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

3826 West Montague

Street Address of Applicant

North Charleston, SC 29418

Mailing Address of Applicant (if different from street address)

8436977400

Phone

Fax

Matt@coastal.limo

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Thomas M. Miller 100%

ACCEPTED FOR PROCESSING - 2022 March 24 10:58 AM - SCPS - 2022-123- - Page 3 of 12

ACCEPTED FOR PROCESSING - 2022 March 24 10:58 AM - SCPS - 2022-123- - Page 3 of 12

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Coastal Motor Coach LLC

Name of Applicant

3826 West Montague North Charleston SC 29418

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 33,172

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

National Interstate Insurance Company

Name of Insurance Company

3250 Interstate Drive, Richfield, OH 44286-9000

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Coastal Motor Coach LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

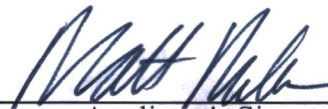
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature


Member

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Charleston)

SWORN TO BEFORE ME
This 19th day of March, 20 22

 Amanda Hays
Notary Public

Commission Expires April 23, 2023





NATIONAL INTERSTATE

3250 Interstate Drive, Richfield, OH 44286-9000

Toll Free: (800) 929-1500 Local: (330) 659-8900 Fax: (330) 659-8907

www.NationalInterstate.com

To:

From:

Subject: Coastal Motor Coach LLC

Date: 3/11/22

Policy Term: Incept 3/14/2022 Expiration 6/2/2022

Additional Documentation Required:

Signed UM/UIM/PIP rejection/selection of lower limits form prior to inception.

Receipt of a signed (by the Insured) Applicant's Statement prior to binding coverage.

Receipt of a signed (by the Insured) National Interstate Application prior to binding coverage.

Workers' Compensation Coverage is now available to Traditional Passenger Insureds. Please ask your Marketing Representative for additional details.

INSURING COMPANY: NATIONAL INTERSTATE INSURANCE COMPANY

\$5,000,000 CSL Auto Liability - Symbol 7

\$8,293 per Charter Bus x 4 = **\$33,172**

3/14/22 - 6/2/22 Term

Rate	Premium
\$1,818	\$7,272

Optional \$5,000,000 X \$5,000,000 Following Form Auto Liability

Annual Flat Rate Premium: \$10,323

3/14/22 - 6/2/22 Term

Premium
\$2,263

\$25,000 / \$50,000 UM BI - Symbol 7

\$5 per Revenue Unit x 4 = **\$20**

3/14/22 - 6/2/22 Term

Premium
\$4

\$25,000 UM PD - Symbol 7

\$2 per Revenue Unit x 4 = **\$8**

3/14/22 - 6/2/22 Term

Premium
\$4

\$25,000 / \$50,000 UIM BI - Symbol 7

\$14 per Revenue Unit x 4 = **\$56**

3/14/22 - 6/2/22 Term

Premium
\$12

\$25,000 UIM PD - Symbol 7

\$4 per Revenue Unit x 4 = **\$16**

3/14/22 - 6/2/22 Term

Premium
\$4

UM PD Deductible - \$200

Increased limits rejection must be signed prior to inception.

Physical Damage Coverages - Symbol 7

Type	Stated Values	Coverage	Deductible	Rate	Premium	Premium
Charter	\$740,000	Specified Perils	\$5,000	0.0035	\$2,592	\$568
		Comprehensive	\$5,000	0.0044	\$3,256	\$714
		Collision	\$5,000	0.0070	\$5,180	\$1,135

**Phys Dam premium shown is developed by multiplying each individual stated value by the rate shown and summing the resulting premiums.*

Any changes in stated values at inception of coverage from those proposed here may cause the physical damage rates in this proposal to increase or decrease. In the event of a total loss, we will pay the lesser of the vehicle's ACV or the stated amount, less the applicable deductible. Specific vehicle coverage (Symbol 7) is based on the total stated amount of **\$740,000**. A \$1 million per occurrence limit applies to physical damage coverages.

Total Premium:

\$41,708

\$9,145

(Includes all bold items above only)

<u>ANNUAL PAYMENT SCHEDULE:</u>						<u>3/14/22 - 6/2/22 TERM PAYMENT</u>	
All premiums reflect broker's commission.				DIRECT BILL ONLY		SCHEDULE:	
Total Premium:			\$41,708			\$9,145	
Total surcharges, taxes and fees in addition to premium			\$0			\$0	
			TOTAL:		\$41,708		\$9,145
Down payment:	25%	\$10,427.00				100%	\$9,145.00
Installments:	9	\$3,475.67				0	\$0.00
>>>>>>>DOWNPAYMENT IS DUE AT BINDING!<<<<<<<<							
>>>HAVE INSURED NOTE THE EFFECTIVE DATE ON THEIR CHECK<<<<							

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 25 2022
REFERENCE ID: 980198


SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Coastal Motor Coach LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
3906 Waterway Blvd

(Street Address)

Isle of Palms, South Carolina 29451

(City, State, Zip Code)

3. The initial agent for service of process is

Thomas Miller

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
3906 Waterway Blvd

(Street Address)

Isle of Palms

South Carolina 29451

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Thomas Miller

(Name)

3906 Waterway Blvd

(Street Address)

Isle of Palms, South Carolina 29451

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 25 2022

REFERENCE ID: 980198

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Motor Coach LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 02/25/2022.

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ORIGINAL ON FILE IN THIS OFFICE

Feb 25 2022

REFERENCE ID: 980198


SECRETARY OF STATE OF SOUTH CAROLINA

Coastal Motor Coach LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Thomas Miller

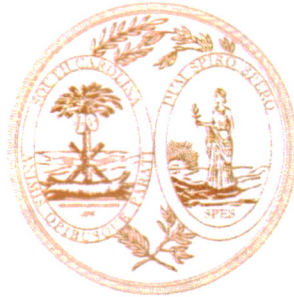
Signature of Organizer

Date: 02/25/2022

Signature of Organizer

Date: _____

The State of South Carolina



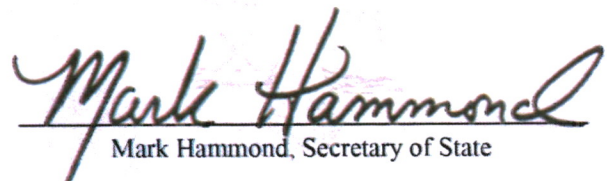
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Coastal Motor Coach LLC, a limited liability company duly organized under the laws of the State of South Carolina on February 25th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 21st day
of March, 2022.


Mark Hammond, Secretary of State